

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/						51								
2		/					52								
3	/						53								
4		/					54								
5							55								
6							56								
7							57								
8							58								
9							59								
10	/						60								
11		/					61								
12	/						62								
13		/					63								
14	/						64								
15		/					65								
16		/					66								
17		/					67								
18		/					68								
19							69								
20							70								
21							71								
22							72								
23							73								
24							74								
25							75								
26							76								
27							77								
28							78								
29							79								
30							80								
31							81								
32							82								
33							83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	5						TOTAL IND.								
TOTAL DEP.	13						TOTAL DEP.								
TOTAL CLAIMS	18						TOTAL CLAIMS								